1	FILED	
2	DEC 2 0 2007 E-filing	
3,	RICHARD W. WIEKING	
4	NORTHERN DISTRICT COURT  NORTHERN DISTRICT OF CALIFORNIA  OAKLAND	
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8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA	
9	Kevin Henry et al,	
10	$\mathbb{C}V_{CA}07 \qquad 6260$	
11	Plaintiff, CASE NO.	
12	Son Francisco Police Dead PRISONER'S APPLICATION TO PROCEED CW	
13	San Francisco Police Dept APPLICATION TO PROCEED IN FORMA PAUPERIS County of San Francisco et al. S	
14	County of San Francisco efendant. )	
15	I, Kevin Henry, declare, under penalty of perjury that I am the	
16	I, <u>Kevin Henry</u> , declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application	
17 18	is true and correct. I offer this application in support of my request to proceed without being	
19	required to prepay the full amount of fees, costs or give security. I state that because of my	
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am	
21	entitled to relief.	
22	In support of this application, I provide the following information:	
23	1. Are you presently employed? Yes No	
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the	
25	name and address of your employer:	
26	Gross: Net:	
27	Employer: Nove	
28		

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PRIS. APP. TO PROC. IN FORMA PAUPERIS

1	If the answer is "no," state the date of last employme	·
2	salary and wages per month which you received. (If	
3	place of employment prior to imprisonment.) $\mathcal{IM}$	IN HIGHSCHOOL
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7	2. Have you received, within the past twelve (12	2) months, any money from any of the
8	following sources:	
9	a. Business, Profession or	Yes No
10	self employment	
11	b. Income from stocks, bonds,	Yes No
12	or royalties?	
13	c. Rent payments?	Yes No
14	d. Pensions, annuities, or	Yes No
15	life insurance payments?	
16	e. Federal or State welfare payments,	Yes No
17	Social Security or other govern-	
18	ment source?	
19	If the answer is "yes" to any of the above, describe ear	ch source of money and state the amoun
20	received from each.	
21		
22		
23	3. Are you married?	Yes No
24	Spouse's Full Name:	
25	Spouse's Place of Employment:	
26	Spouse's Monthly Salary, Wages or Income:	•
27	Gross \$ Net \$	· ·
28	4. a. List amount you contribute to your sp	ouse's support:\$

1	b. List the persons other than your spouse who are dependent upon you for		
2	support and indicate how much you contribute toward their support. (NOTE:		
3	For minor children, list only their initials and ages. DO NOT INCLUDE		
4	THEIR NAMES.). NO CHILDREN		
5			
6			
7	5. Do you own or are you buying a home? Yes No		
8	Estimated Market Value: \$ A mount of Mortgage: \$		
9	6. Do you own an automobile? Yes No		
10	Make Year Model		
11	Is it financed? Yes No If so, Total due: \$		
12	Monthly Payment: \$		
13	7. Do you have a bank account? Yes No (Do not include account numbers.)		
14	Name(s) and address(es) of bank:		
15			
16	Present balance(s): \$		
17	Do you own any cash? Yes No Amount: \$		
18			
19	market value.) Yes No		
20	11 2 1/2 1/2 TUTUL OCHOOL		
· 1	8. What are your monthly expenses? LONE - I'M IN SCHOOL  BOUNTOWN HIGH SCHOOL		
22	Rent: \$ Utilities:		
23	Food: \$ Clothing:		
24	Charge Accounts:  Name of Account  Monthly Payment  Total Owed on This Acct.		
25	Name of Proceeding		
26	\$ \$ \$ \$		
27			
28	\$\$		

1	9. Do you have any other debts? (List current obligations, indicating amounts and to		
2	whom they are payable. Do <u>not</u> include account numbers.)		
3			
4			
5	10. Does the complaint which you are seeking to file raise claims that have been presented		
6	in other lawsuits? Yes No		
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in		
8	which they were filed.		
9	NA		
10			
11	I consent to prison officials withdrawing from my trust account and paying to the cour		
12	the initial partial filing fee and all installment payments required by the court.		
13	I declare under the penalty of perjury that the foregoing is true and correct and		
14	understand that a false statement herein may result in the dismissal of my claims.		
15	12-15-07 Janifera		
16			
17 18	DATE SIGNATURE OF APPLICANT		
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